Benefit highlights

AARP® Medicare Advantage Choice (PPO)

This is a short description of your 2022 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	$0

Medical Benefits

	In-Network	Out-of-Network
Annual Medical Deductible	No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$7,550 In-Network	$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: $0 copay	Primary Care Provider: $0 copay
	Specialist: $35 copay (no referral needed)	Specialist: $40 copay (no referral needed)
	Virtual visits: $0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive services	$0 copay	$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	$390 copay per day: for days 1-5 $0 copay per day for unlimited days after that	$390 copay per day: for days 1-5 $0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $188 copay per day: days 21-61 $0 copay per day: days 62-100	$225 copay per day: days 1-45
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$345 copay	40% coinsurance
Mental health (outpatient and virtual)	Group therapy: $15 copay	Group therapy: $30 copay
	Individual therapy: $25 copay	Individual therapy: $40 copay
	Virtual visits: $0 copay; Speak to network telehealth providers using your computer or mobile device.	
Diabetes monitoring supplies	$0 copay for covered brands	50% coinsurance

Medical Benefits

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	$165 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	$40 copay	40% coinsurance
Lab services	$0 copay	$0 copay
Outpatient x-rays	$30 copay	$30 copay
Ambulance	$250 copay for ground or air	$250 copay for ground or air
Emergency care	$90 copay ($0 copay for emergency care outside the United States) per visit	
Urgently needed services	$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	$0 copay; 1 per year*	40% coinsurance; 1 per year*
Routine eye exams	$0 copay; 1 every year*	$40 copay; 1 every year*
Routine eyewear	$0 copay; up to $100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Dental - preventive	$0 copay for exams, cleanings, x-rays, and fluoride*	$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
Dental - benefit limit	$500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	
Hearing - routine exam	$0 copay; 1 per year*	$40 copay; 1 per year*
Hearing aids	$375 - $1,425 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing.	
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.	
Foot care - routine	$35 copay; 6 visits per year*	$40 copay; 6 visits per year*

	In-Network	Out-of-Network
Over-the-Counter (OTC) Products Catalog	$40 credit every quarter to use on approved over-the-counter products.	
Meal Benefit	$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	$0	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (90-day)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic[1]	$12 copay	$0 copay
Tier 3: Preferred Brand	$45 copay	$125 copay
Select Insulin Drugs[2]	$35 copay	$95 copay
Tier 4: Non-Preferred Drug	$95 copay	$275 copay
Tier 5: Specialty Tier	33% coinsurance	N/A[3]
Coverage gap stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,430, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $7,050, you will pay the greater of $3.95 copay for generic (Including brand drugs treated as generic), $9.85 copay for all other drugs, or 5% coinsurance	

[1] Tier includes enhanced drug coverage

[2] For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of $35 for a 1-month supply of Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”).

[3] Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

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This information is not a complete description of benefits. Contact the plan for more information.